

Mental Health Data for Identified Health Issues of Concern for the Lewis and Clark County Community Health Improvement Plan

Topic	Size	Comparison to MT and US	Seriousness	Trends	Groups more affected (Health Disparities)	HP 2020 Target
Mental Health						
Suicide						
Adults	19.7 per 100,000	MT: 22.0 per 100,000 US: 12.5 per 100,000	243 suicides in Montana in 2014. ¹ Inpatient and ER admission rates for intentional self harm are higher for Lewis and Clark County than Montana. ² Poisoning inpatient admission rates are also elevated for the county.	Montana's suicide rate has been higher than US for more than 2 decades. ³	Males, 45-64 year olds, those with less than a HS education	Reduce death rate to 10.2 suicides per 100,000 population
Youth	Suicide Attempts-High School students 14.9% (2013) ⁴	MT: 7.9% US 8.0% (County significantly higher) Death rate for youth: MT 23.0 per 100,000, US 10.6	Montana has one of the highest rates of suicide in the United States. ⁵ 40 youth suicides in 2013 (aged 15-24). ⁶	↗ for attempts, (may not be statistically significant) from 2011 Trend is ←→ among MT high schoolers since 2005	Native American youth (particularly in Urban areas), females, students in alternative education and with disabilities ⁷	Reduce suicide attempts by adolescents to 1.7 per 100 population.
Elderly	In Montana, adults aged 55-64 have the highest rate of suicide. ⁸				40% of individuals completing suicides in Montana had severe medical issues identified. ⁹	
Homeless	Data?					

¹ Montana Suicide Review team report 2014.

² CHA 2015.

³ <http://leg.mt.gov/content/Publications/services/2014-agency-reports/DPHHS-Suicide-Prevention-in-Montana.pdf>

⁴ CHA Page 6

⁵ <http://leg.mt.gov/content/Publications/services/2014-agency-reports/DPHHS-Suicide-Prevention-in-Montana.pdf>

⁶ <http://leg.mt.gov/content/Publications/services/2014-agency-reports/DPHHS-Suicide-Prevention-in-Montana.pdf>

⁷ http://opi.mt.gov/pdf/YRBS/15/15MT_YRBS_FullReport.pdf

⁸ Montana Suicide Review team report 2014.

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Awareness and Stigma						
Stigma to access care	62% of Montana adults agree that people are generally caring and sympathetic to people with mental illness ¹⁰	US: 57% of all adults believe that people are generally caring and sympathetic to people with mental illness. (BRFSS 2007)	Only 40% of suicides in Montana had an identified mental health disorder. ¹¹	BRFSS module has not been repeated	58% of MT adults experiencing serious psychological distress disagreed strongly that people are generally caring and sympathetic to people with mental illness-compared to 36% of all Montanans. ¹²	N/A
Education on mental health in schools	Data?					
Public awareness	Data?					
Depression						
Depression	Adult: poor mental health 1 or more days in past month: 36.2% MT youth: Symptoms of depression in the last year: 26.4% ¹³	Adult: MT: 33.2% US: 35.0% Youth: Depression: US 29.9% (significantly higher than MT)	Of suicides in Montana with an identified mental health disorder, 85% had depression. ¹⁴ 7.9% of adolescents attempted suicide in the last year. ¹⁵	Trend is ←→ among MT adults (since 2003) and ↗ slightly among high schoolers since 2005	Adults: Females, American Indians, those with disabilities, younger adults and low income Youth: Females, American Indians (especially in urban areas), students with disabilities, and alternative school students	N/A
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¹⁰ MT BRFSS 2012

¹¹ Montana Suicide Review team report 2014.

¹² http://www.cdc.gov/hrqol/Mental_Health_Reports/pdf/BRFSS_Full%20Report.pdf

¹³ YRBS 2013.

¹⁴ Montana Suicide Review team report 2014.

¹⁵ YRBS 2015.

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		MT and US			(Health Disparities)	Target
Resiliency and Trauma						
ACEs	No local data.	16.8% of MT Adults with 4 or more ACEs ¹⁶ Maybe look at National Survey on Children's Health?	In Montana, those with 4 or more ACEs are significantly more likely to report fair or poor mental and physical health, depression, and activity limitation. ¹⁷	N/A	Younger adults, American Indians, those with lower SES and with disabilities are significantly more likely to have 4 or more ACEs in MT.	N/A
Building resilient children	Data?					
Bullying	No local data	School Property: MT: 25.3% US: 19.6% Electronic: 18.5% US: 14.8% ((MT significantly higher in both)	Children frequently involved in bullying as bullies and/or as victims share a significant risk of suffering from various health problems such as including mental health concerns and suicide. ¹⁸	Trend is ←→ since 2009 and 2011 respectively.	Younger age adolescents, females and student with disabilities	Reduce percent of students bullied on school property in the previous 12 month to 17.9% .
Access to Care						
Lack of providers	Lewis and Clark County is a HRSA Health Professional Shortage Area for mentl. health. ¹⁹					
Currently receiving mental health treatment	12.3% of Montana adults report that they are now taking medicine or receiving treatment from a doctor or other health professional for				Low income, women and those with disabilities in Montana are more likely to report current mental health treatment. ²¹	

¹⁶ <https://dphhs.mt.gov/Portals/85/publichealth/documents/BRFSS/Factors/2013Factors1.pdf>

¹⁷ <https://dphhs.mt.gov/Portals/85/publichealth/documents/BRFSS/Factors/2013Factors1.pdf>

¹⁸ <http://childrensnational.org/departments/bullying-related-health-risks>

¹⁹ <http://dphhs.mt.gov/publichealth/primarycare/-Shortage-Area-Designations>

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	any type of mental health condition or emotional problem ²⁰					
Lack of coordination at community level	Data?					
Lack of intervention and assessment in early childhood	Data?					
Emergency mental health and crisis support	Data?					
High cost of care	Data?					
The Elderly						
Social isolation	Data? Montana: More than 28% of older adults live alone. ²²	US 27.3%	As age increases, the proportion of people living alone increases. ²³	Increasing number of seniors in MT and the US.	Females, older adults (aged 85-94) and white adults.	

²¹ BRFSS 2012

²⁰ BRFSS 2012

²² <https://www.census.gov/content/dam/Census/library/publications/2014/demo/p23-212.pdf>

²³ <https://www.census.gov/content/dam/Census/library/publications/2014/demo/p23-212.pdf>